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"EXPRESS MAIL CERTIFICATE"**"EXPRESS MAIL" MAILING LABEL NUMBER EL870383944US****DATE OF DEPOSIT MAY 2, 2002****I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED
WITH THE UNITED STATES POSTAL SERVICE****"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10
ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO THE****ASSISTANT COMMISSIONER FOR PATENTS, BOX CPA,
WASHINGTON, DC 20231.****NAME OF PERSON MAILING PAPER OR FEE
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CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

Submit an original and a duplicate for fee processing.
(Only for Continuation or Divisional applications under 37 C.F.R. § 1.53(d))

CHECK BOX, If applicable:

☐ **DUPLICATE**

Address to:

**Assistant Commissioner for Patents
Box CPA
Washington, DC 20231**

Attorney Docket No.
of Prior Application

1115

First Named Inventor

William J. Gordon-Kamm

Examiner Name

Cynthia E. Collins

Group/Art Unit

1638

Express Mail Label No.

EL870383944US

This is a request for a ☒ continuation or ☐ divisional application under 37 C.F.R. § 1.53(d),
(continued prosecution application (CPA) of prior application number 09/511,445, filed on February 22, 2000,
entitled Methods of Using Viral Replicase Polynucleotides and Polypeptides.

1. ☐ Enter the unentered amendment previously filed on
under 37 C.F.R. § 1.116 in the prior nonprovisional application.
2. ☒ A preliminary amendment is enclosed.
3. This application is filed by fewer than all the inventors named in the prior application, 37 C.F.R.
§ 1.53(d)(4).
 - a. ☐ **DELETE** the following inventor(s) named in the prior nonprovisional application:
 - b. ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
4. ☐ A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
5. Information Disclosure Statement (IDS) is enclosed:
 - a. ☒ PTO-1449
 - b. ☒ Copies of IDS Citations

05/06/2002 AKNDHF1 00000057 161852 09511445

01 FC:131

740.00 CH

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	13 - 20* =	0	x \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) OR (l))	2 - 3** =	0	x \$ 84.00 =	0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$280.00 =	
				BASIC FEE (37 C.F.R. § 1.16)	\$740.00
	Total of above Calculations =				\$740.00
	Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28)				
	* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.				
	TOTAL =				\$740.00

6. Small entity status:

- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.
b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
c. ☐ Is no longer claimed.

7. The commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 16-1852:

- a. ☒ Fees required under 37 C.F.R. § 1.16
b. ☒ Fees required under 37 C.F.R. § 1.17
c. ☒ Fees required under 37 C.F.R. § 1.18

8. ☐ A check in the amount of \$ _____ is enclosed.

9. ☒ New Attorney Docket Number, if desired: 1115A

10. a. ☐ Receipt for Facsimile Transmitted CPA (PTO/SB/29A)
b. ☒ Return Receipt Postcard.

11. ☐ Other: _____

NOTE:

*The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.*

10. NEW CORRESPONDENCE ADDRESS

- ☒ Customer Number or Bar Code Label **27310** or ☐ New correspondence address below
(Insert Customer No. or Attach code label here)

NAME	Marianne H. Michel				
ADDRESS	7100 NW 62 nd Avenue PO Box 1000				
CITY	Johnston	STATE	IA	ZIP CODE	50131
COUNTRY	USA	TELEPHONE	(515) 334-4467	FAX	(515) 334-6883

11. SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name (Print/Type)	Marianne H. Michel
Signature	<i>Marianne H Michel</i>
Registration No.	35,286
Date	May 2, 2002